

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022840

3269

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 16 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITYLength of stay in 1b  
43 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION V A HOSPITALInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 6731 MYRTLE AVENUE  
Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
JESSE A. ANDERSON4. DATE OF DEATH  
Month Day Year  
June 19, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
3-28-889. AGE (last birthday) 74  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Telephone company supv.10b. KIND OF BUSINESS OR INDUSTRY  
Southwestern Bell  
Retired11. BIRTHPLACE (City and state or country)  
Washington, Kansas12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Jacob Anderson

## 13b. MOTHER'S MAIDEN NAME

Margaret Covert

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WWT

## 17. INFORMANT

Address

VA Hospital Official Records, K.C. Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hemorrhagic bronchitis and bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carcinoma esophagus with perforation of trachea

## DUE TO (c)

Mediastinitis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Post operative state 8 days, ilio-esophageal, gastro-colic thoracic interposition

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from May 24, 1962 to June 19, 1962  
Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) Stephen Parks M.D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

6-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 23, '62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem.

23d. LOCATION (City, town, or county)

Kansas City

Missouri

24. FUNERAL DIRECTOR

D.W. Newcomer'S SONS

ADDRESS

1331 Brush Cr.  
Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

6-22-62

26. REGISTRAR'S SIGNATURE

Ruth W Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/591  
2 3798  
3  
4 0  
5 .3  
6  
7 1  
8 1  
9/50X  
10  
11  
12 76-0  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond M. Hardy*

Licensed Embalmer No. 4913

P. O. Address

Indep, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a-STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.